



HEALTH PLAN PERFORMANCE REPORT

Measuring the Quality of Maryland Commercial
Managed Care Plans: 2009/2010 Performance Report



About the Commission

The Maryland Health Care Commission (MHCC) is a public regulatory commission appointed by the Governor with the advice and consent of the Maryland Senate. A primary function of the Commission is to evaluate and publish findings on the quality and performance of commercial managed care plans that operate in Maryland. MHCC publishes annual comparative reports with the cooperation of the health plans and their members. These annual performance reports are the only source of objective, comprehensive, and independently audited information on health plan quality. More information about MHCC and the reports it produces is available at <http://mhcc.maryland.gov>.

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Section 1: About this Report

LINKS TO REPORT SECTIONS

► ABOUT THIS REPORT

Plans in this Report
The Engaged Consumer
Plan Quality Summary
Performance Categories
Plan Performance
Comparison of Averages
eValue8
Plans Support Consumers
Levels of Engagement
Distinguishing Plans
Behavioral Health
Additional Resources
Contact Information
Methods
References

Marylanders can rely on the Maryland Health Care Commission (MHCC) as a trusted source of objective information about the quality of care and services provided by Maryland's health plans. To effectively navigate the complexities of the health care system, it is important that consumers be knowledgeable and actively involved in their health care decisions, in order to bring about better experiences with the health care system and better health outcomes. The information in this report will help you be more informed, and being informed is the first step to becoming an engaged health care consumer.

Measuring the Quality of Maryland Commercial Managed Care Plans: 2009/2010 Health Plan Performance Report allows Marylanders to compare health plans on key quality measures relating to health care delivery and member satisfaction. Quality ratings show the health plans' ability to deliver high-quality care to members. Performance data are collected from health maintenance organizations (HMOs), point of service (POS) plans, and preferred provider organizations (PPOs).

To learn more about the differences between the services plans offer, click on **Distinguishing Health Plan Types**.

The report highlights areas of care in which plans had average and above-average performance, and areas that need improvement. In addition to presenting this year's quality ratings, the report offers guidance on what it means to be an engaged health care consumer and includes additional resources and tools to help consumers navigate and manage their personal health care.

THIS REPORT CONTAINS:

- Performance ratings for each Maryland health plan on a range of clinical health care measures and member satisfaction measures.
- Comparisons of Maryland statewide averages with regional and national performance averages.
- Information about health plan initiatives to engage members in their care.
- Features of HMO, POS, and PPO commercial health plans.
- Links to health-related learning resources and tools on the Internet.

1. About This Report	1
2. Maryland Commercial Health	2
Plans in This Report	
3. The Engaged Health Care Consumer	3
4. Health Plan Quality Summary	4
5. Performance Measure Categories	5
6. Health Plan Performance	6
Member Satisfaction	
Preventive Care	
Chronic Care	
Behavioral Health	
7. Comparison of Maryland,	16
Regional, and National Averages	
8. eValue8	19
9. Maryland Health Plans Support	24
Consumer Health Care Engagement	
Aetna	
Kaiser Permanente	
CIGNA	
UnitedHealthcare	
CareFirst	
Coventry	
10. Levels of Consumer	30
Health Care Engagement	
11. Distinguishing Between	31
HMO, POS, and PPO Plans	
12. Managed Behavioral	32
Healthcare Organizations	
13. Becoming More Informed:	33
Additional Resources	
14. Plan Customer Service Hours	34
and Contact Information	
15. Methods	35
16. References	36

Section 2: Maryland Commercial Health Plans in this Report

LINKS TO REPORT SECTIONS

[About This Report](#)
[PLANS IN THIS REPORT](#)
[The Engaged Consumer](#)
[Plan Quality Summary](#)
[Performance Categories](#)
[Plan Performance](#)
[Comparison of Averages](#)
[eValue8](#)
[Plans Support Consumers](#)
[Levels of Engagement](#)
[Distinguishing Plans](#)
[Behavioral Health](#)
[Additional Resources](#)
[Contact Information](#)
[Methods](#)
[References](#)

For the last two years, several Maryland PPOs have voluntarily provided results for a number of quality measures that HMO and POS plans have also reported. These performance data provide a comprehensive view of the quality of care that health plans deliver to Maryland consumers.

This year, seven HMO/POS plans and three PPOs reported performance data (see Table 1). *PPOs were not required to submit data for all measures included in this report.*

DATA SOURCES

Information presented in this report comes from medical record and member data gathered by Maryland HMO and POS health plans, as required by the state. PPOs collected data on fewer measures than did HMOs.

Health Plan Records: Clinical health care information was gathered from health plan records using a standardized tool called HEDIS®.^a An independent company checked health plans' methods for accuracy.

Member Survey: A random sample of plan members were asked about their experiences with their health plan using a survey called the Consumer Assessment of Healthcare Providers and Systems, or CAHPS®.^b

Health plan ratings include the combined data for HMO and POS plan members, except for Kaiser Permanente, whose ratings show HMO data only. PPO data are presented separately because these plans operate differently.

TABLE 1. HEALTH PLANS REPORTING IN 2009

HMO/POS PLANS	PPO PLANS
Aetna Health, Inc.—Maryland, DC, Virginia (Aetna)	Aetna Life Insurance Company (Aetna PPO)
CareFirst BlueChoice, Inc. (BlueChoice)	BluePreferred (BluePreferred)
CIGNA HealthCare Mid-Atlantic, Inc. (CIGNA)	Connecticut General Life Insurance Company (CGLIC)
Coventry Health Care of Delaware, Inc. (Coventry)	
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser)	
MD-Individual Practice Association, Inc. (M.D. IPA)	
Optimum Choice, Inc. (OCI)	

Click on the health plan name for contact information.

Health Plan Programs: Health plans provided information about their quality attainment programs, quality monitoring methods, and health system improvements using a measurement tool called eValue8™.^c

^a HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

^b CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

^c eValue8™ is a copyright of the National Business Coalition on Health.



Section 3: The Engaged Health Care Consumer

LINKS TO REPORT SECTIONS

About This Report

Plans in this Report

► **THE ENGAGED CONSUMER**

Plan Quality Summary

Performance Categories

Plan Performance

Comparison of Averages

eValue8

Plans Support Consumers

Levels of Engagement

Distinguishing Plans

Behavioral Health

Additional Resources

Contact Information

Methods

References

WHAT IS AN ENGAGED HEALTH CARE CONSUMER?

An engaged health care consumer actively participates in getting, or staying healthy. Engaged health care consumers seek information about disease prevention and the health care services available to them, and make lifestyle choices that help them prevent disease.

To manage and improve their health, engaged health care consumers participate in a wide variety of activities, for example:

- Getting preventive check-ups and screenings
- Interacting with doctors and health plans by asking questions
- Staying up to date with their medical history and family medical history
- Seeking information from multiple sources—health care providers, published material, Internet resources—to learn about wellness, disease, and treatment options
- Using information about health care quality, costs, and access to care to help them choose a health plan

Engaged consumers need access to reliable information that is easy to understand and tailored to serve their needs, to help them make good decisions about their health care.

WHY SHOULD I BE ENGAGED IN MY HEALTH CARE?

You receive more personalized care when you take an active role in your health care, and have better results in maintaining

health and managing chronic disease. Researchers predict that the decisions people make about their care, and regular management of care, lead to improvement in health care use, costs, and outcomes.

This report contains information to help consumers become more engaged, including disease-specific resources, health plan performance data, and current initiatives of health plans that reported performance measurement data in 2009.



Section 4: Health Plan Quality Summary

LINKS TO REPORT SECTIONS

About This Report

Plans in this Report

The Engaged Consumer

► PLAN QUALITY SUMMARY

Performance Categories

Plan Performance

Comparison of Averages

eValue8

Plans Support Consumers

Levels of Engagement

Distinguishing Plans

Behavioral Health

Additional Resources

Contact Information

Methods

References

The measures in this report provide information on how well Maryland health plans deliver high-quality health care. Performance ratings help inform Marylanders who are choosing a new health plan and those who want to learn more about their existing plan. Consumers engaged in making informed health care decisions benefit from information about quality, cost, and benefits.

Measures are grouped in four categories: Member Satisfaction, Preventive Care, Chronic Care, and Behavioral Health. To learn more about the categories, click on [Performance Measure Categories](#).

Table 2 compares HMO/POS plans' performance for all results that rank above the 2009 Maryland state average. It provides total above-average rankings in each measure category. (*State averages*

for PPOs were not calculated because PPO participation and reporting is voluntary and too few PPOs reported in 2009.)

Click [Methods](#) for a description of how the ratings were calculated.

TABLE 2. SUMMARY OF ABOVE-AVERAGE PERFORMANCE

HEALTH PLAN	TOTAL MEASURES WITH ABOVE-AVERAGE SCORES	ABOVE-AVERAGE SCORES WITHIN MEASURE CATEGORIES			
		MEMBER SATISFACTION	PREVENTIVE CARE	CHRONIC CARE	BEHAVIORAL HEALTH
Aetna	1		1		
BlueChoice	7		2	3	2
CIGNA	5		2	3	
Coventry	2	1	1		
Kaiser Permanente	6	1	1	3	1
M.D. IPA	3	1		1	1
OCI	1				1

HMO/POS plans reported on a total of 19 measures in this report.



Section 5: Performance Measure Categories

LINKS TO REPORT SECTIONS

About This Report

Plans in this Report

The Engaged Consumer

Plan Quality Summary

► PERFORMANCE CATEGORIES

Plan Performance

Comparison of Averages

eValue8

Plans Support Consumers

Levels of Engagement

Distinguishing Plans

Behavioral Health

Additional Resources

Contact Information

Methods

References

Each of the following four categories of performance provides an important perspective about what health plans should be doing to maintain and improve the health of their members. This information helps consumers explore the level of health care quality they want and need from a plan. *Click on a category title below to see health plan results for the measures in that section.*

MEMBER SATISFACTION

Consumers who are actively engaged in their health care are more likely to be satisfied with the quality of their care. Measures reported in this section reflect member responses to survey questions about their experiences with health care services provided by their health plan.

PREVENTIVE CARE

Consumers who take an active role in their health care often participate in behaviors that can reduce their risk of illness. For example, engaged health care consumers get regular screenings that increase the likelihood of detecting diseases in the early stages, when recovery rates are higher.

Measures reported in this section highlight plans' provision of prevention services.

CHRONIC CARE

"Chronic care" refers to health care services that treat people who have a long-lasting or recurring disease. Patients who learn about their disease and treatment options and become engaged in their care can manage their disease better and improve their health outcomes. Measures reported in this section highlight plans' provision of health care services to treat chronic illnesses.

BEHAVIORAL HEALTH

Having access to reliable information helps consumers make informed decisions about issues such as depression, alcohol and drug dependency, and other behavioral disorders. Engaged consumers are more likely to adhere to a treatment plan and have a more positive experience, which promotes mental well-being. Services for the measures reported in this section were provided by the health plan or by managed behavioral healthcare organizations (MBHO). MBHOs contract with health plans or employers to

provide services to plan members, though health plans maintain legal responsibility for the quality of care they provide.

Click on **MBHOs** for information on the MBHOs that contract with the health plans in this report.



Section 6: Health Plan Performance

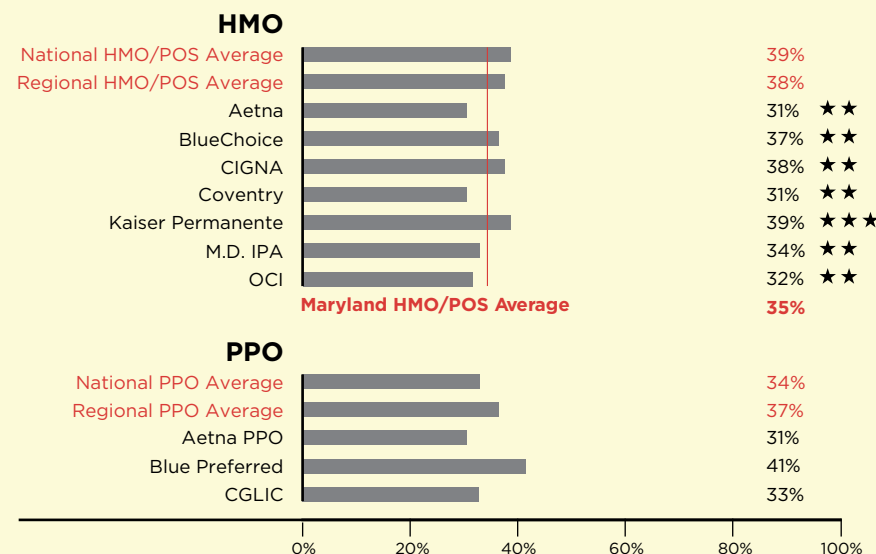
LINKS TO REPORT SECTIONS

About This Report
Plans in this Report
The Engaged Consumer
Plan Quality Summary
Performance Categories
► **PLAN PERFORMANCE**
Comparison of Averages
eValue8
Plans Support Consumers
Levels of Engagement
Distinguishing Plans
Behavioral Health
Additional Resources
Contact Information
Methods
References

GRAPH 1 MEMBER SATISFACTION MEASURES

RATING OF HEALTH PLAN

The percentage of adult members who rated their health plan "9 or 10" on a scale of 0-10, with 10 being the "best health plan possible."



PERFORMANCE

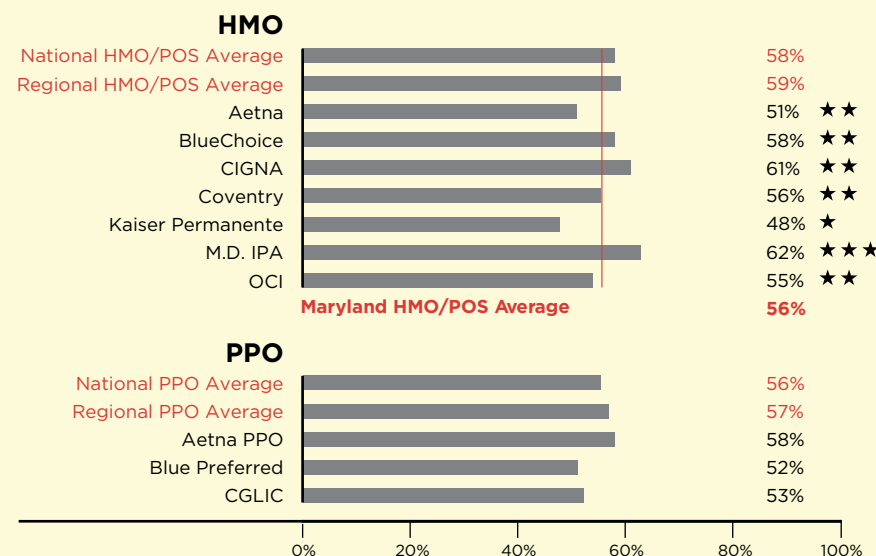
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BELOW AVERAGE ★

Data Source: Member Survey

GRAPH 2 MEMBER SATISFACTION MEASURES

GETTING CARE QUICKLY

The percentage of adult members who said they "always" get needed care when they want it and get timely appointments for care at a doctor's office.



Section 6: Health Plan Performance

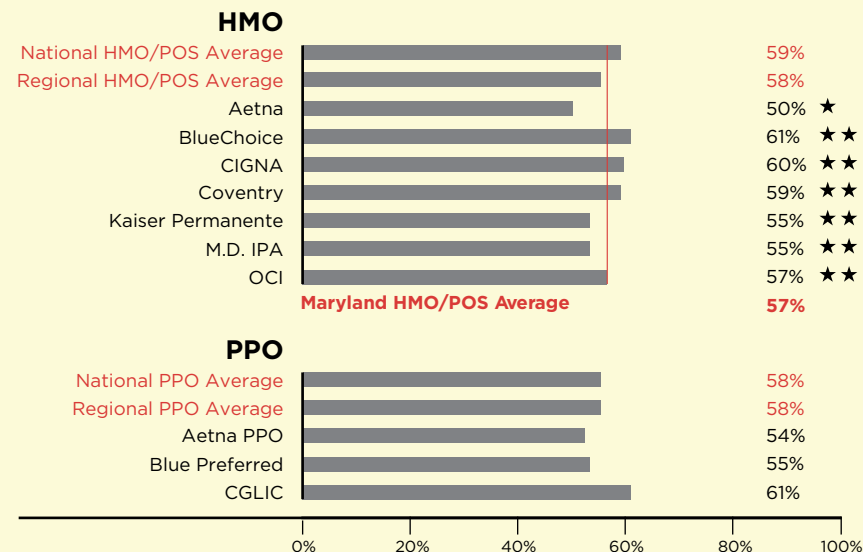
LINKS TO REPORT SECTIONS

[About This Report](#)
[Plans in this Report](#)
[The Engaged Consumer](#)
[Plan Quality Summary](#)
[Performance Categories](#)
► PLAN PERFORMANCE
[Comparison of Averages](#)
[eValue8](#)
[Plans Support Consumers](#)
[Levels of Engagement](#)
[Distinguishing Plans](#)
[Behavioral Health](#)
[Additional Resources](#)
[Contact Information](#)
[Methods](#)
[References](#)

GRAPH 3 MEMBER SATISFACTION MEASURES

SHARED DECISION MAKING

The percentage of adult members who said “definitely yes” when asked if their doctor discusses the pros and cons of treatments and involves them in making the best treatment choice.



PERFORMANCE

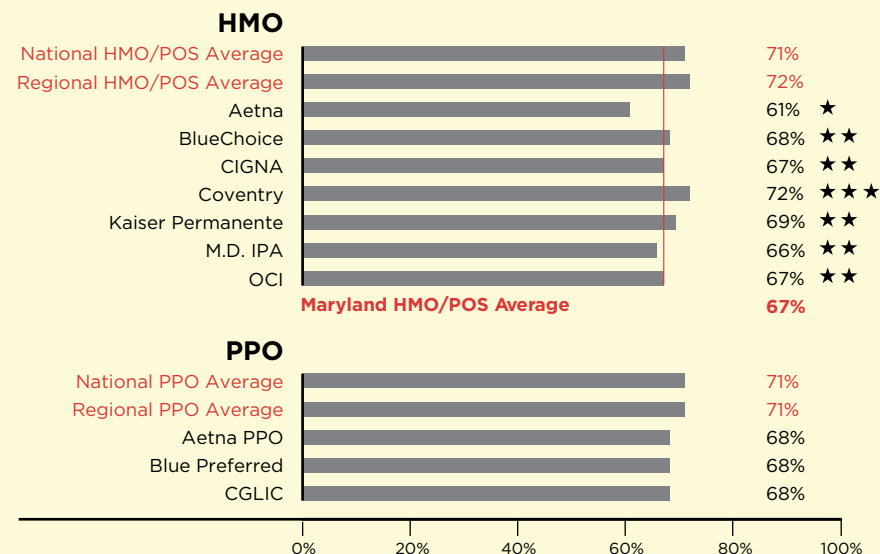
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Data Source: Member Survey

GRAPH 4 MEMBER SATISFACTION MEASURES

HOW WELL DOCTORS COMMUNICATE

The percentage of adult members who said their doctor “always” explained things in a way that was easy to understand, listened to them carefully, showed respect for what they said and spent enough time with them.



Section 6: Health Plan Performance

LINKS TO REPORT SECTIONS

About This Report
Plans in this Report
The Engaged Consumer
Plan Quality Summary
Performance Categories

► PLAN PERFORMANCE

Comparison of Averages
eValue8

Plans Support Consumers

Levels of Engagement

Distinguishing Plans

Behavioral Health

Additional Resources

Contact Information

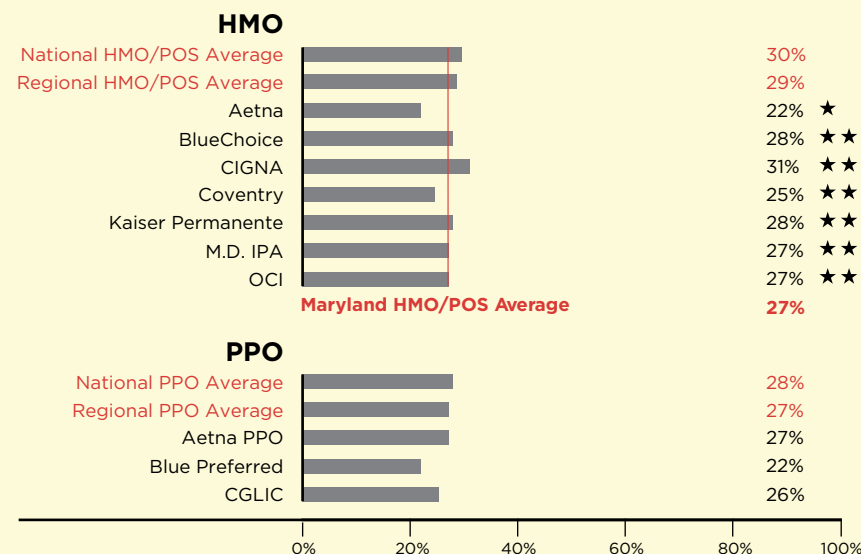
Methods

References

GRAPH 1 PREVENTIVE CARE MEASURES

HEALTH PROMOTION AND EDUCATION

The percentage of adult members who said their doctor "always" talks about specific ways to prevent illness.



PERFORMANCE

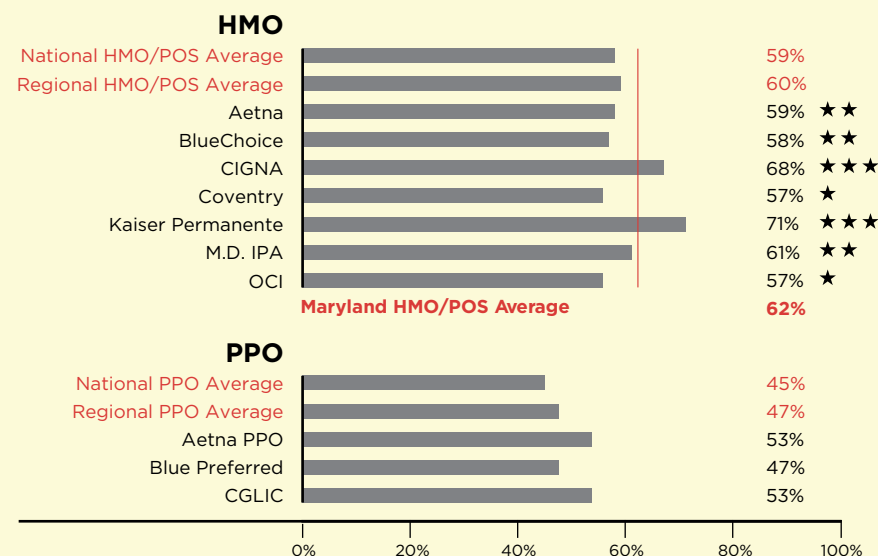
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BELOW AVERAGE ★

Data Source: Health Plan
Records or Member Survey

GRAPH 2 PREVENTIVE CARE MEASURES

COLORECTAL CANCER SCREENING

The percentage of adult members 50-80 years of age who received a test for colorectal cancer.



Section 6: Health Plan Performance

LINKS TO REPORT SECTIONS

About This Report
Plans in this Report
The Engaged Consumer
Plan Quality Summary
Performance Categories

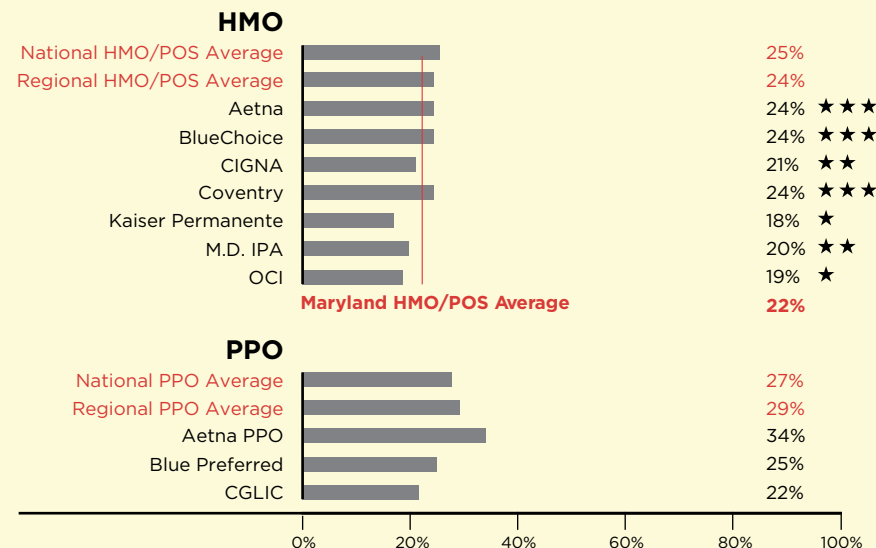
► PLAN PERFORMANCE

Comparison of Averages
eValue8
Plans Support Consumers
Levels of Engagement
Distinguishing Plans
Behavioral Health
Additional Resources
Contact Information
Methods
References

GRAPH 3 PREVENTIVE CARE MEASURES

AVOIDANCE OF ANTIBIOTIC TREATMENT FOR ADULTS WITH ACUTE BRONCHITIS

The percentage of adult members 18-64 years of age with a diagnosis of acute bronchitis who were not given an antibiotic prescription. A higher rate indicates better performance.



PERFORMANCE

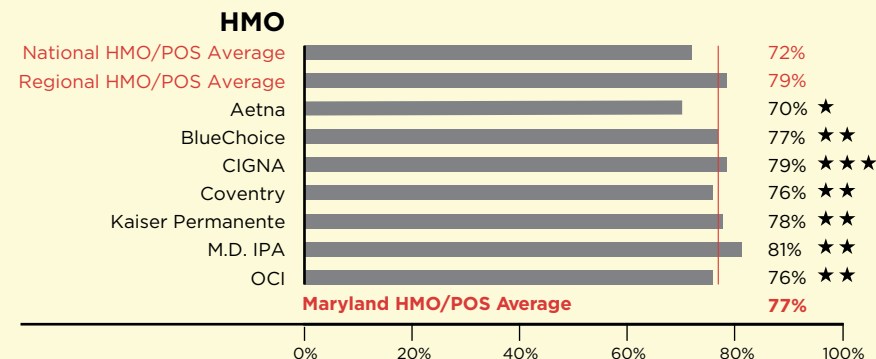
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Data Source: Health Plan Records

GRAPH 4 PREVENTIVE CARE MEASURES

WELL-CHILD VISITS

The combined percentages of infants who had six or more visits by age 15 months, and children ages 3-6 years who had at least one visit to a primary care provider during 2008.



Section 6: Health Plan Performance

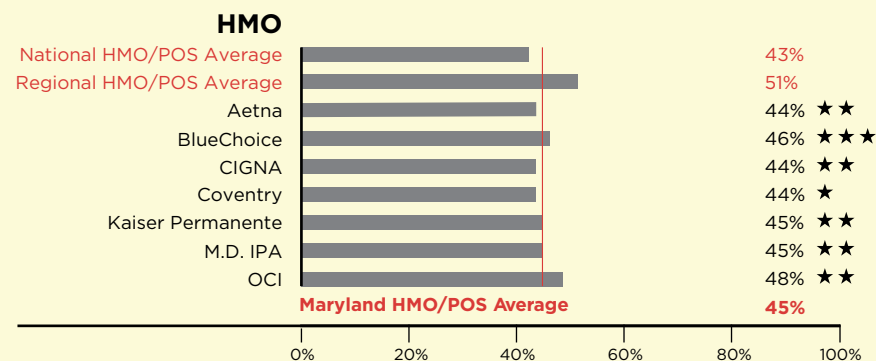
LINKS TO REPORT SECTIONS

[About This Report](#)
[Plans in this Report](#)
[The Engaged Consumer](#)
[Plan Quality Summary](#)
[Performance Categories](#)
 ► [PLAN PERFORMANCE](#)
[Comparison of Averages](#)
[eValue8](#)
[Plans Support Consumers](#)
[Levels of Engagement](#)
[Distinguishing Plans](#)
[Behavioral Health](#)
[Additional Resources](#)
[Contact Information](#)
[Methods](#)
[References](#)

GRAPH 5 PREVENTIVE CARE MEASURES

WELL-CARE VISITS FOR ADOLESCENTS

The percentage of adolescent members 12-21 years of age who had at least one comprehensive well-care visit with a primary care provider in 2008.



PERFORMANCE

ABOVE AVERAGE ★★★
 AVERAGE ★★
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Data Source: Health Plan Records



Section 6: Health Plan Performance

LINKS TO REPORT SECTIONS

About This Report
Plans in this Report
The Engaged Consumer
Plan Quality Summary
Performance Categories

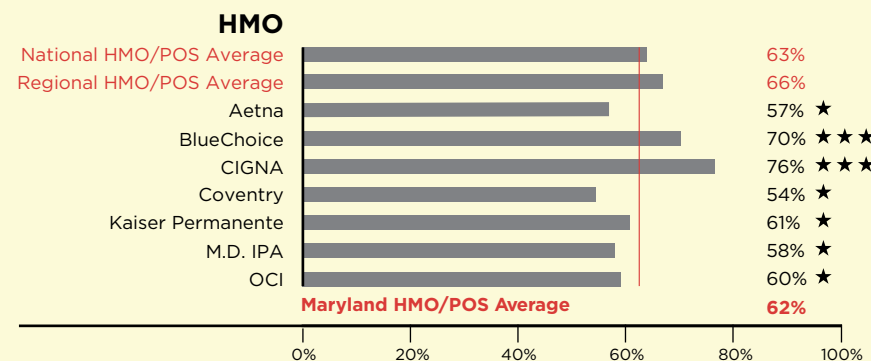
► PLAN PERFORMANCE

Comparison of Averages
eValue8
Plans Support Consumers
Levels of Engagement
Distinguishing Plans
Behavioral Health
Additional Resources
Contact Information
Methods
References

GRAPH 1
CHRONIC CARE MEASURES

CONTROLLING HIGH BLOOD PRESSURE

The percentage of adult members 18-85 years of age with a diagnosis of hypertension and whose blood pressure was under control (less than 140/90 mm/Hg) in 2008.



PERFORMANCE

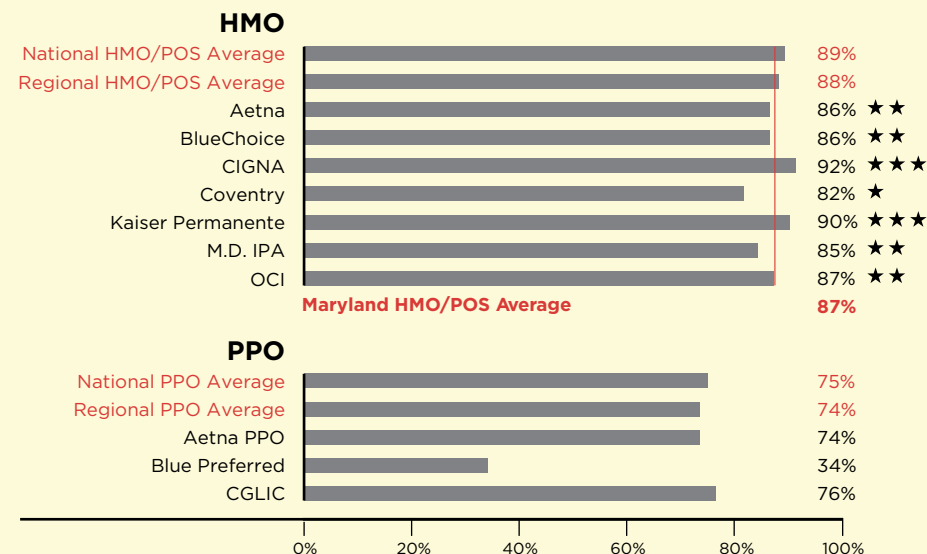
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Data Source: Health Plan Records

GRAPH 2
CHRONIC CARE MEASURES

CHOLESTEROL MANAGEMENT FOR PATIENTS WITH CARDIOVASCULAR CONDITIONS

The percentage of adult members 18-75 years of age who were discharged from a hospitalization that was due to a cardiovascular condition, or who were diagnosed with a certain cardiovascular condition in 2007, and had cholesterol levels tested in 2008.



Section 6: Health Plan Performance

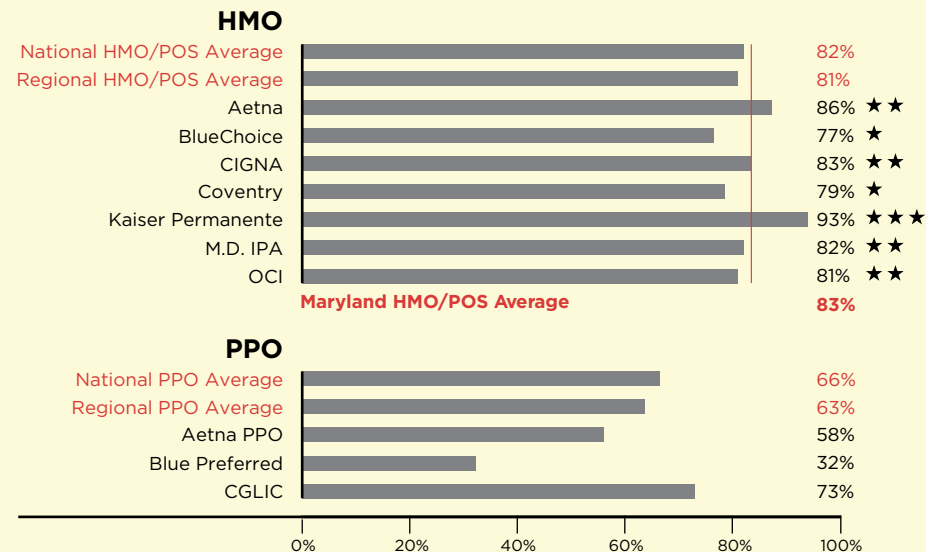
LINKS TO REPORT SECTIONS

[About This Report](#)
[Plans in this Report](#)
[The Engaged Consumer](#)
[Plan Quality Summary](#)
[Performance Categories](#)
 ► [PLAN PERFORMANCE](#)
[Comparison of Averages](#)
[eValue8](#)
[Plans Support Consumers](#)
[Levels of Engagement](#)
[Distinguishing Plans](#)
[Behavioral Health](#)
[Additional Resources](#)
[Contact Information](#)
[Methods](#)
[References](#)

GRAPH 3
CHRONIC CARE MEASURES

DIABETES CARE: MEDICAL ATTENTION FOR KIDNEY DISEASE

The percentage of adult members with diabetes who were checked or treated for kidney disease, known as "diabetic nephropathy."



PERFORMANCE

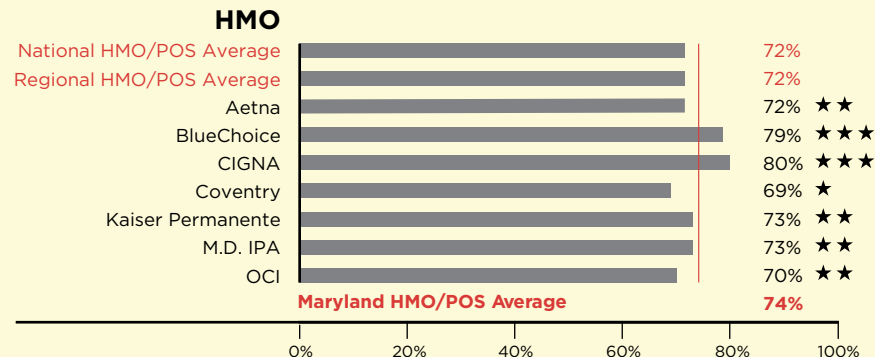
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Data Source: Health Plan Records

GRAPH 4
CHRONIC CARE MEASURES

DIABETES CARE: BLOOD GLUCOSE CONTROL

The percentage of adult members with diabetes whose blood sugar (HbA1c) level was in control (less than 9%).



Section 6: Health Plan Performance

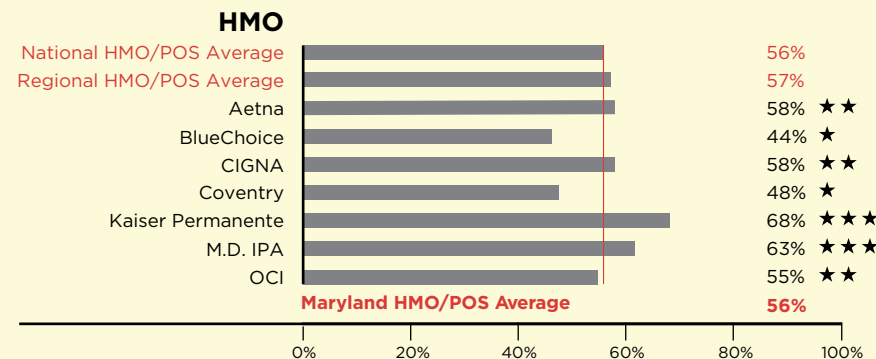
LINKS TO REPORT SECTIONS

[About This Report](#)
[Plans in this Report](#)
[The Engaged Consumer](#)
[Plan Quality Summary](#)
[Performance Categories](#)
► PLAN PERFORMANCE
[Comparison of Averages](#)
[eValue8](#)
[Plans Support Consumers](#)
[Levels of Engagement](#)
[Distinguishing Plans](#)
[Behavioral Health](#)
[Additional Resources](#)
[Contact Information](#)
[Methods](#)
[References](#)

GRAPH 5 CHRONIC CARE MEASURES

DIABETES CARE: EYE EXAMS

The percentage of adult members with diabetes who had an eye screening for retinal disease in 2008 (or in 2007 if the retinal exam was normal).



PERFORMANCE

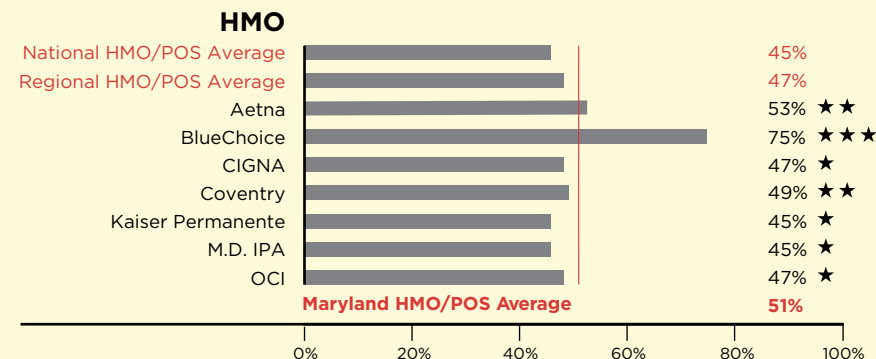
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Data Source: Health Plan Records

GRAPH 6 CHRONIC CARE MEASURES

DIABETES CARE: CHOLESTEROL CONTROL

The percentage of adult members with diabetes whose cholesterol (LDL-C) level was less than 100 mg/dL.



Section 6: Health Plan Performance

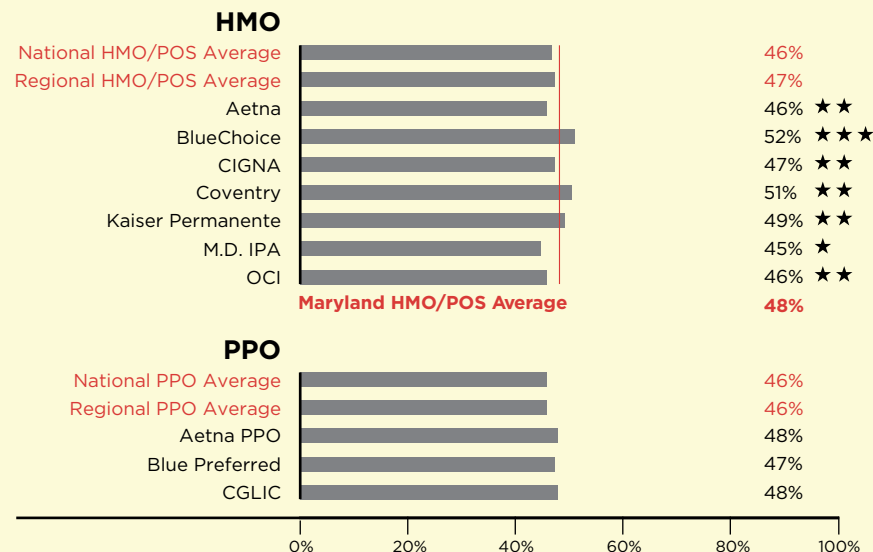
LINKS TO REPORT SECTIONS

[About This Report](#)
[Plans in this Report](#)
[The Engaged Consumer Plan Quality Summary](#)
[Performance Categories](#)
► PLAN PERFORMANCE
[Comparison of Averages eValue8](#)
[Plans Support Consumers Levels of Engagement](#)
[Distinguishing Plans Behavioral Health](#)
[Additional Resources](#)
[Contact Information](#)
[Methods](#)
[References](#)

GRAPH 1 BEHAVIORAL HEALTH MEASURES

ANTIDEPRESSANT MEDICATION MANAGEMENT: CONTINUATION PHASE TREATMENT

The percentage of adult members 18 years of age and older who were diagnosed with a new episode of major depression, were treated with antidepressant medication, and remained on an antidepressant drug for at least 180 days.



PERFORMANCE

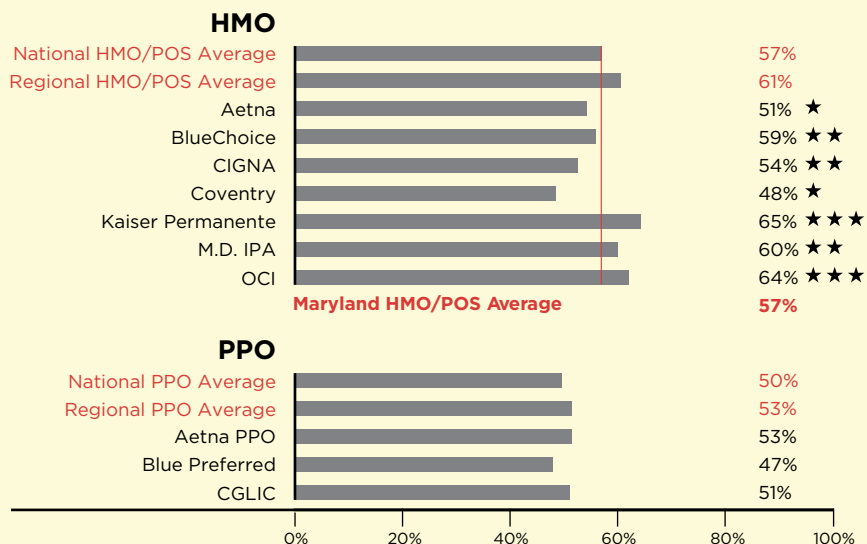
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Data Source: Health Plan Records

GRAPH 2 BEHAVIORAL HEALTH MEASURES

7 DAY FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

The percentage of members 6 years of age and older who were hospitalized for a mental health disorder and were seen by a mental health practitioner within 7 days of leaving the hospital.



Section 6: Health Plan Performance

LINKS TO REPORT SECTIONS

About This Report
Plans in this Report
The Engaged Consumer
Plan Quality Summary
Performance Categories

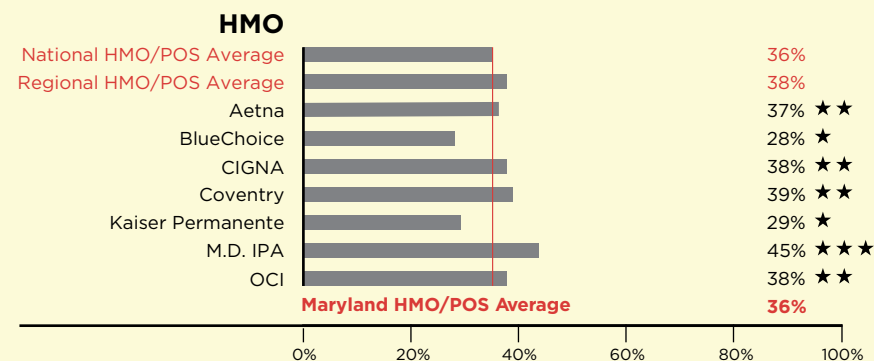
► PLAN PERFORMANCE

Comparison of Averages
eValue8
Plans Support Consumers
Levels of Engagement
Distinguishing Plans
Behavioral Health
Additional Resources
Contact Information
Methods
References

GRAPH 3 BEHAVIORAL HEALTH MEASURES

INITIATION OF FOLLOW-UP CARE FOR CHILDREN PRE- SCRIBED ATTENTION-DEFICIT HYPER-ACTIVITY DISORDER (ADHD) MEDICATION

The percentage of children 6-12 years of age who were given a prescription for ADHD medication and had one visit with a mental health provider within 30 days of being given the prescription.



PERFORMANCE

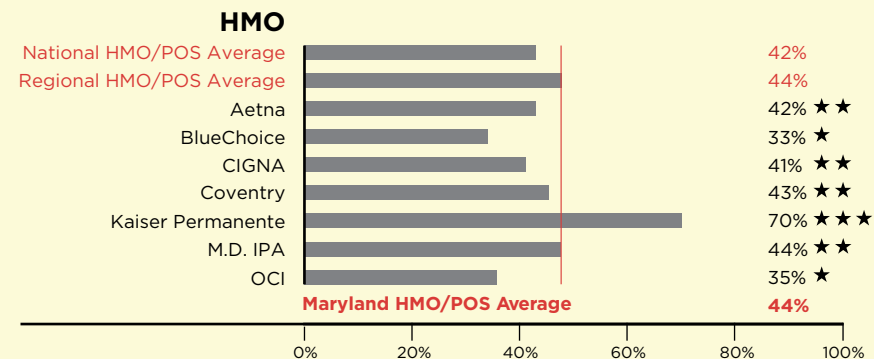
ABOVE AVERAGE ★★★
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BELOW AVERAGE ★

Data Source: Health Plan Records

GRAPH 4 BEHAVIORAL HEALTH MEASURES

INITIATION AND ENGAGEMENT OF ALCOHOL OR OTHER DRUG DEPENDENCE (AOD) TREATMENT

The percentage of adolescent and adult members who began treatment through an inpatient admission or outpatient visit within 14 days of an AOD diagnosis.



Section 7: Comparison of Maryland, Regional, and National Averages

LINKS TO REPORT SECTIONS

About This Report
Plans in this Report
The Engaged Consumer
Plan Quality Summary
Performance Categories
Plan Performance

► COMPARISON OF AVERAGES

eValue8
Plans Support Consumers
Levels of Engagement
Distinguishing Plans
Behavioral Health
Additional Resources
Contact Information
Methods
References

PERFORMANCE

ABOVE AVERAGE ★ ★ ★
AVERAGE ★ ★
BELOW AVERAGE ★

The following tables provide insight into how Maryland health plans compare to regional and national performance. Table 3 shows state averages for seven HMOs/POS plans as compared to the averages for the health plans in the region and in the nation. State averages for PPOs were not

calculated because too few PPOs reported in 2009; therefore, Table 4 shows regional and national averages for PPOs.

Regional averages are calculated using the 2009 measure rates from 37 commercial HMO/POS and 27 PPO plans located in Washington, DC; Delaware; Maryland;

New Jersey; Pennsylvania; Virginia; and West Virginia. The national averages are calculated using rates from 251 commercial HMO/POS and 180 PPO plans around the country. The National Committee for Quality Assurance is the source for the regional and national data.

TABLE 3: COMPARISON OF MARYLAND, REGIONAL, AND NATIONAL HMO AVERAGES

MEASURE	MARYLAND	REGION	MARYLAND PERFORMANCE COMPARED TO REGION	NATION	MARYLAND PERFORMANCE COMPARED TO NATION
MEMBER SATISFACTION					
Rating of Health Plan	35%	38%	★	39%	★
Getting Care Quickly	56%	59%	★	58%	★★
Shared Decision Making	57%	58%	★★	59%	★
How Well Doctors Communicate	67%	72%	★	71%	★
PREVENTIVE CARE					
Health Promotion and Education	27%	29%	★★	30%	★
Colorectal Cancer Screening	62%	60%	★★	59%	★★★
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	22%	24%	★	25%	★
Well-Child Visits	77%	79%	★	72%	★★★
Well-Care Visits for Adolescents	45%	51%	★	43%	★★★

Section 7: Comparison of Maryland, Regional, and National Averages

LINKS TO REPORT SECTIONS

[About This Report](#)
[Plans in this Report](#)
[The Engaged Consumer](#)
[Plan Quality Summary](#)
[Performance Categories](#)
[Plan Performance](#)

► COMPARISON OF AVERAGES

[eValue8](#)
[Plans Support Consumers](#)
[Levels of Engagement](#)
[Distinguishing Plans](#)
[Behavioral Health](#)
[Additional Resources](#)
[Contact Information](#)
[Methods](#)
[References](#)

TABLE 3 CONTINUED: COMPARISON OF MARYLAND, REGIONAL, AND NATIONAL HMO AVERAGES

MEASURE	MARYLAND	REGION	MARYLAND PERFORMANCE COMPARED TO REGION	NATION	MARYLAND PERFORMANCE COMPARED TO NATION
CHRONIC CARE					
Controlling High Blood Pressure	62%	66%	★	63%	★
Cholesterol Management for Patients with Cardiovascular Conditions	87%	88%	★★	89%	★
Diabetes Care: Diabetic Nephropathy	83%	81%	★★★★	82%	★★
Diabetes Care: Blood Glucose Control	74%	72%	★★	72%	★★★★
Diabetes Care: Eye Exams	56%	57%	★★	56%	★★
Diabetes Care: Cholesterol Control	51%	47%	★★★★	45%	★★★★
BEHAVIORAL HEALTH					
Antidepressant Medication Management: Continuation Phase Treatment	48%	47%	★★	46%	★★★★
7 Day Follow-up After Hospitalization for Mental Illness	57%	61%	★	57%	★★
Initiation of Follow-up Care for Children Prescribed ADHD Medication	36%	38%	★★	36%	★★
Initiation and Engagement of Alcohol or Other Drug Dependence Treatment	44%	44%	★★	42%	★★★★

PERFORMANCE

ABOVE AVERAGE ★ ★ ★
 AVERAGE ★ ★
 BELOW AVERAGE ★

Section 7: Comparison of Maryland, Regional, and National Averages

LINKS TO REPORT SECTIONS

About This Report
Plans in this Report
The Engaged Consumer
Plan Quality Summary
Performance Categories
Plan Performance

► COMPARISON OF AVERAGES

eValue8
Plans Support Consumers
Levels of Engagement
Distinguishing Plans
Behavioral Health
Additional Resources
Contact Information
Methods
References

TABLE 4: COMPARISON OF REGIONAL AND NATIONAL PPO AVERAGES

MEASURE	REGION	NATION
MEMBER SATISFACTION		
Rating of Health Plan	37%	34%
Getting Care Quickly	57%	56%
Shared Decision Making	58%	58%
How Well Doctors Communicate	71%	71%
PREVENTIVE CARE		
Health Promotion and Education	27%	28%
Colorectal Cancer Screening	47%	45%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	29%	27%
CHRONIC CARE		
Cholesterol Management for Patients with Cardiovascular Conditions	74%	75%
Diabetes Care: Diabetic Nephropathy	66%	63%
BEHAVIORAL HEALTH		
Antidepressant Medication Management: Continuation Phase Treatment	46%	46%
7 Day Follow-up After Hospitalization for Mental Illness	53%	50%





Section 8: eValue8

LINKS TO REPORT SECTIONS

[About This Report](#)
[Plans in this Report](#)
[The Engaged Consumer](#)
[Plan Quality Summary](#)
[Performance Categories](#)
[Plan Performance](#)
[Comparison of Averages](#)

► EVALUE8

[Plans Support Consumers](#)
[Levels of Engagement](#)
[Distinguishing Plans](#)
[Behavioral Health](#)
[Additional Resources](#)
[Contact Information](#)
[Methods](#)
[References](#)

Managed health care plans use various program practices to improve the quality of care provided and cost efficiency of services. These practices—emphasis on preventive care and disease management, wellness incentives, patient education, and utilization management (assessment of medical need)—form the system of programs that serve the plan's members, provider network, and organization. While the HEDIS quality measurement tool provides a snapshot of how often members receive recommended care, another tool uniquely designed to assess the key components of a health plan's system, eValue8, provides consumers with a fuller understanding about the role of the health plan and how its programs stack-up on effectiveness and efficiency.

The National Business Coalition on Health (NBCH) produced the eValue8 tool for the purpose of assessing health plans at the program level. Results gathered from the tool provide an in-depth analysis in seven essential categories:

- Prevention and Health Promotion
- Chronic Disease Management
- Consumer Engagement

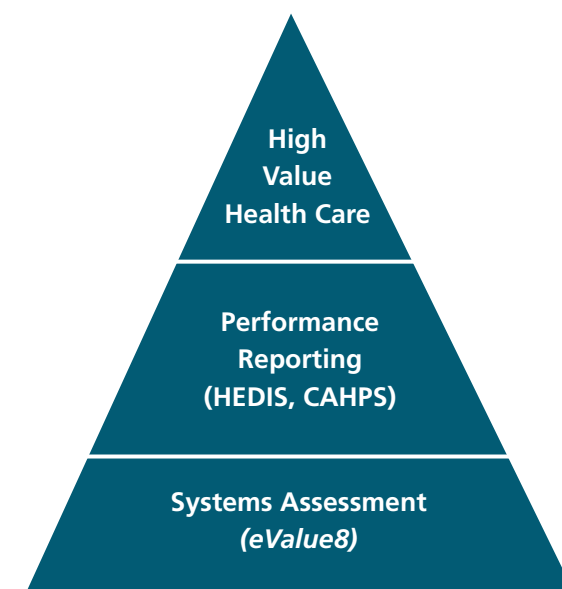
- Provider Measurement
- Prescription Management
- Behavioral Health Care
- Plan Profile

MHCC has obtained the most current eValue8 results from the Mid-Atlantic Business Group on Health (MABGH), the local NBCH affiliate for Maryland employers. MABGH invited several major health plans in the region to submit information on their plan management and quality programs using the eValue8 tool. Of those invited, three plans completed the tool: Aetna, CareFirst BlueChoice, and Kaiser Permanente.

MEASURING VALUE-BASED HEALTH CARE

Value in health care is the intersection between quality of care and affordability. In a value-based health care system, buyers of health care (e.g., employers) hold health care providers (e.g., health plans) accountable for both cost and quality of care. Value-focused initiatives emphasize collection of quality of care data, transparency of quality and cost information, and

incentives to providers. As illustrated in the figure below, a high-value health plan rests on a foundation of superior clinical results and member satisfaction (as measured by HEDIS and CAHPS) and optimal use of system-level resources (as assessed by eValue8). HEDIS, CAHPS, and eValue8 are complementary tools for identifying and rewarding the best-performing health plans and enhancing the overall value for employers and consumers.





Section 8: eValue8

LINKS TO REPORT SECTIONS

[About This Report](#)
[Plans in this Report](#)
[The Engaged Consumer](#)
[Plan Quality Summary](#)
[Performance Categories](#)
[Plan Performance](#)
[Comparison of Averages](#)
► EVALUE8
[Plans Support Consumers](#)
[Levels of Engagement](#)
[Distinguishing Plans](#)
[Behavioral Health](#)
[Additional Resources](#)
[Contact Information](#)
[Methods](#)
[References](#)

EVALUE8 MEASURE DEFINITIONS

Below are measure definitions for the graphs on pages 21-23.

Consumer Engagement

Assesses how the plan provides members with tools and strategies to support personal management of health benefits. Examples of support tools include Web-based practitioner directories, electronic personal health records, and cost estimation tools for medical services and prescription drugs. CAHPS rates on satisfaction with the plan, health care, and access to quick care were included in the overall score to measure the members' perceptions on the effectiveness of these programs.

Preventive Care

Assesses availability and types of programs offered by the plan to screen for cancer, promote health education, and support healthier birth outcomes. HEDIS rates are included in the overall score as a measure of the effectiveness of immunization and cancer screening programs.

Disease Management

Assesses the breadth of the plan's disease management programs, with specific emphasis on diabetes and coronary artery disease. To determine the effectiveness of member and practitioner support programs, HEDIS rates for the two disease conditions are used to measure program performance.

Prescription Management

Assesses the plan's programs to manage and monitor issues of overuse, underuse, and misuse of prescription drugs. Examples include how plans monitor and take action on prescribing conflicts and manage the outpatient pharmacy network to ensure quality and safety.

Behavioral Health Care

Assesses the plan's programs to manage depression, screen for alcohol overuse, and other points in the provision of behavioral health services. HEDIS rates are included in the overall score as a measure of the effectiveness of programs to manage alcohol and depression.

Provider Measurement

Assesses how the plan measures, differentiates, and rewards provider performance.



Section 8: eValue8

LINKS TO REPORT SECTIONS

[About This Report](#)
[Plans in this Report](#)
[The Engaged Consumer](#)
[Plan Quality Summary](#)
[Performance Categories](#)
[Plan Performance](#)
[Comparison of Averages](#)
► EVALUE8
[Plans Support Consumers](#)
[Levels of Engagement](#)
[Distinguishing Plans](#)
[Behavioral Health](#)
[Additional Resources](#)
[Contact Information](#)
[Methods](#)
[References](#)

PLAN-SPECIFIC RESULTS

Plans had wide-ranging results across the six categories, with the set of scores for each plan differing by about 30 points or more between the highest and lowest values. This variation illustrates the uniqueness of these functional areas as well as the capacity for tailoring the programs to support health plans' priorities or initiatives.

The following charts summarize how each plan performed on the six eValue8 categories. Scores are on a scale of 0-100 percent.

Aetna

- Among all six categories Aetna scored highest in Consumer Engagement. In this category, Aetna's score was the highest among all three plans.
- Aetna's score for Provider Measurement was also the highest score for this category among the three plans.

CareFirst BlueChoice

- CareFirst BlueChoice demonstrated strong performance in the area of Behavioral Health Care by scoring highest in this area.
- Chronic Disease Management is CareFirst BlueChoice's second highest score.

Chart One: Aetna

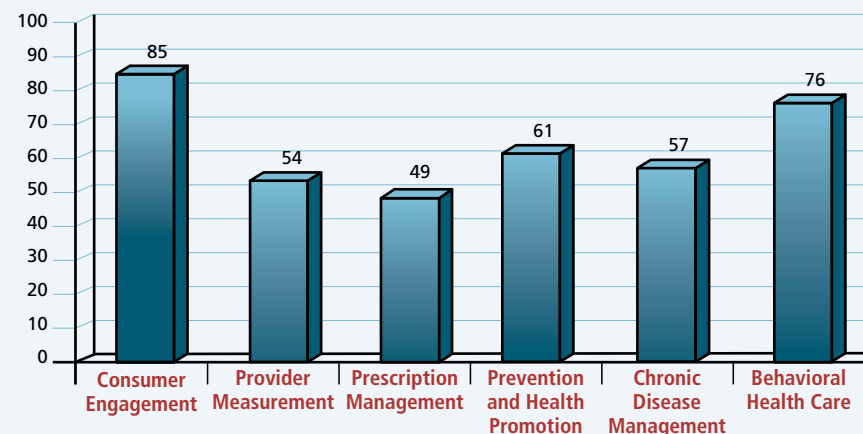
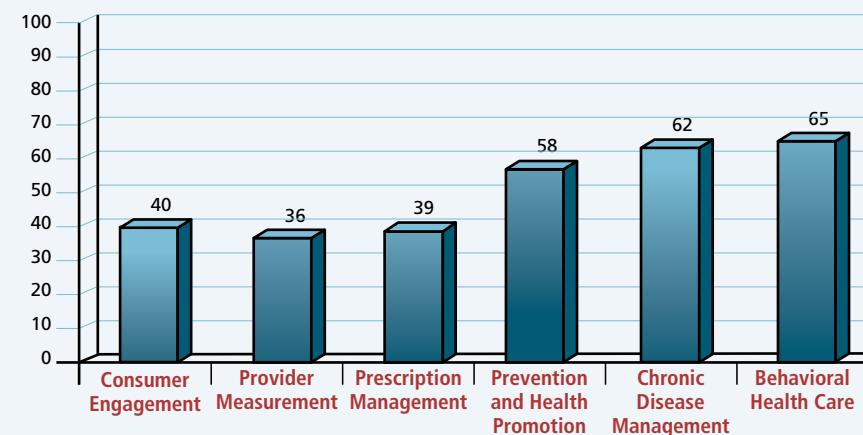


Chart Two: CareFirst BlueChoice



Section 8: eValue8

LINKS TO REPORT SECTIONS

About This Report

Plans in this Report

The Engaged Consumer

Plan Quality Summary

Performance Categories

Plan Performance

Comparison of Averages

► EVALUE8

Plans Support Consumers

Levels of Engagement

Distinguishing Plans

Behavioral Health

Additional Resources

Contact Information

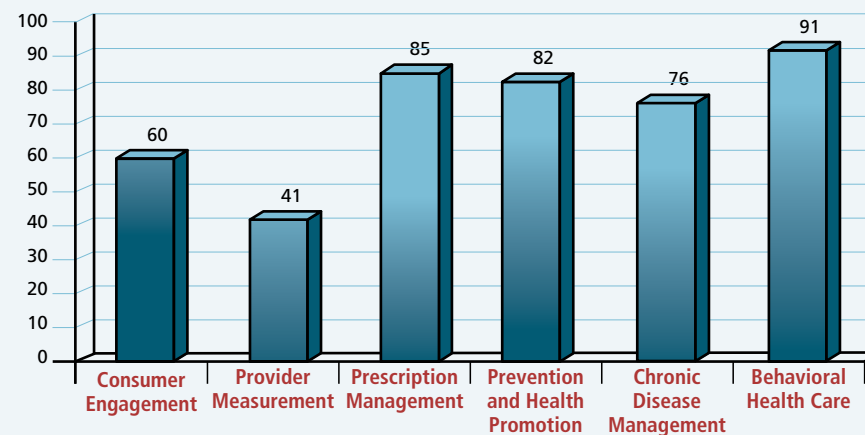
Methods

References

Kaiser Permanente

- Kaiser demonstrated strong performance in the area of Behavioral Health Care; the plan's highest score among the six categories and the highest score among the three plans.
- Kaiser's second highest score was in the Prescription Management category, which is also the highest score for this category among all three plans.

Chart Three: Kaiser Permanente



Section 8: eValue8

LINKS TO REPORT SECTIONS

[About This Report](#)
[Plans in this Report](#)
[The Engaged Consumer](#)
[Plan Quality Summary](#)
[Performance Categories](#)
[Plan Performance](#)
[Comparison of Averages](#)

► EVALUE8

[Plans Support Consumers](#)
[Levels of Engagement](#)
[Distinguishing Plans](#)
[Behavioral Health](#)
[Additional Resources](#)
[Contact Information](#)
[Methods](#)
[References](#)

PROGRAM COMPARISONS

The following charts summarize how the plans compared individually and collectively for programs that focus on disease prevention and management, and member-provider engagement programs. Scores are on a scale of 0–100 percent.

Member and Provider Focused

- Programs that engage consumers to become active participants in their health care and those that identify high provider performance varied significantly within and across plans. Aetna had the highest set of scores in this program grouping. The lowest scores were associated with Provider Measurement for all plans.

Prevention and Management

- Within each plan's operations, the two prevention and management programs received similar scores. Kaiser had the highest score for both programs.

Chart One: Member and Provider Focused

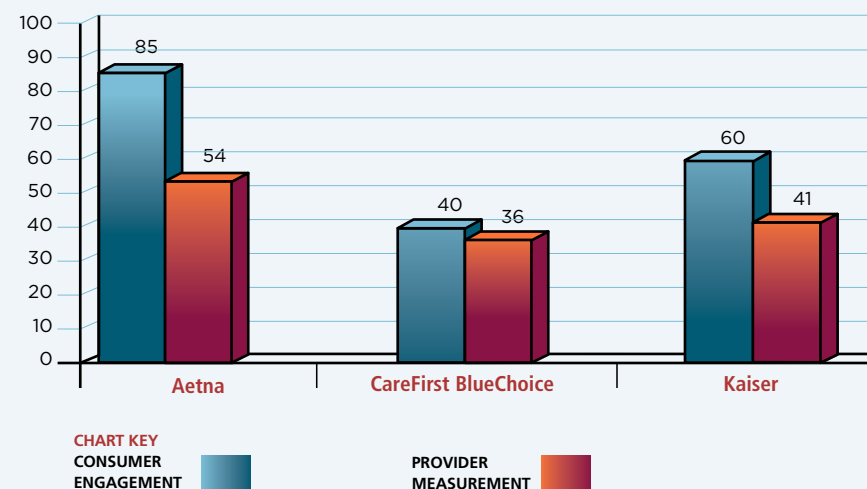
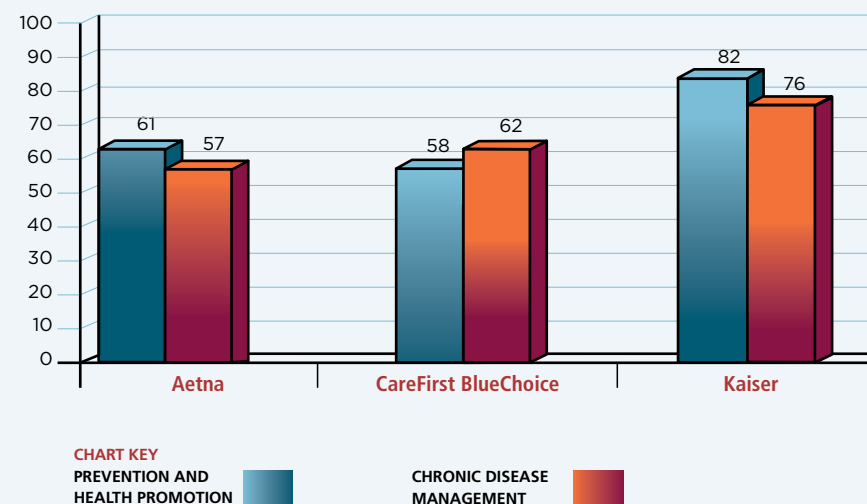


Chart Two: Prevention and Management





Section 9: Maryland Health Plans Support Consumer Health Care Engagement

LINKS TO REPORT SECTIONS

About This Report
Plans in this Report
The Engaged Consumer
Plan Quality Summary
Performance Categories
Plan Performance
Comparison of Averages
eValue8

▶ PLANS SUPPORT CONSUMERS

Levels of Engagement
Distinguishing Plans
Behavioral Health
Additional Resources
Contact Information
Methods
References

AETNA CONSUMER ENGAGEMENT

Aetna offers its members a wide range of individualized programs, services, and tools to help people make decisions and maintain healthy lifestyles. Resources are provided through clinical health and wellness programs.

- There are a number of communication and outreach services to help members navigate their benefits and improve their health. [Aetna's home page](#) has links to resources such as self management tips, planning resources, and decision support tools that let members research doctors and pharmacies and calculate health care expenses.

- Members who have registered with [Aetna Navigator](#) have access to personalized information online. Members can also use this tool to access a 24-hour nurse line, calculate treatment costs, and participate in wellness programs. Aetna offers its members health coaching, which is personalized to fit individual needs.
- Aetna provides a list of tips and tools to make it easier for members to manage their health and health care spending. Click [here](#) for tips on estimating costs, money-saving tips through medication management, and other health improvement and education tools.

- Aetna has developed partnerships with national and community organizations to support outreach in members' communities, and is working with Magic Johnson Enterprises on [Community Vitality](#), an interactive online wellness clearinghouse.

The Commission takes no position on the claimed motivations, methods, or results of this quality initiative.

ENGAGE IN YOUR HEALTH CARE: FINDING RELIABLE ONLINE HEALTH INFORMATION

Even though there are many resources available on the Internet, not all information is created equal. Some Web sites are opinion based, present biased information, or are sponsored by a group that is trying to sell a product.

The Joint Commission (JCAHO), a nonprofit organization that accredits and certifies health care organizations and programs, developed a guide specifically for online health resources. The guide directs consumers to reliable sites and provides tips on finding the best information. Click on [JCAHO Health Resources](#) to be directed to the guide.





Section 9: Maryland Health Plans Support Consumer Health Care Engagement

LINKS TO REPORT SECTIONS

About This Report
Plans in this Report
The Engaged Consumer
Plan Quality Summary
Performance Categories
Plan Performance
Comparison of Averages
eValue8

▶ PLANS SUPPORT CONSUMERS

Levels of Engagement
Distinguishing Plans
Behavioral Health
Additional Resources
Contact Information
Methods
References

KAISER PERMANENTE CONSUMER ENGAGEMENT

Kaiser Permanente provides an array of tools that empower members to maximize their health through **My Health Manager**. My Health Manager's secure features allow members to communicate with doctors' offices, view lab results and past visit information, schedule appointments, receive health reminders, request prescription refills, and more.

- Kaiser encourages members to take advantage of the online Healthy Lifestyle programs available through its Web site, including a total health risk assessment and programs for chronic condition management. Members can get support and access educational resources for

quitting smoking, nutrition planning, weight management, stress, chronic pain, diabetes, depression, insomnia, back pain, and other ongoing conditions. Kaiser has found that its members experience positive results from participating in these programs.

- My Health Manager connects directly to Kaiser's electronic medical record system, so members can access portions of the same record that their doctors see. By interacting with providers and using the online tools, members can use My Health Manager to take a more active role in managing their health.

Kaiser Permanente members can register to use My Health Manager at <http://www.kp.org>. Prospective members can take a tour of My Health Manager at <http://www.kp.org/experience>.

The Commission takes no position on the claimed motivations, methods, or results of this quality initiative.

ENGAGE IN YOUR HEALTH CARE: ASK QUESTIONS

To get the most out of doctor visits, you should be prepared to discuss your health concerns. Patients who write down questions have an easier time remembering what information they are seeking from the doctor. Bring written questions not only to your doctor, but to your pharmacist and other specialists, and keep track of their recommendations for future reference or discussion. Click on **Question Builder** to access a tool that will help you build a list of questions to bring to your doctor.





Section 9: Maryland Health Plans Support Consumer Health Care Engagement

LINKS TO REPORT SECTIONS

About This Report
Plans in this Report
The Engaged Consumer
Plan Quality Summary
Performance Categories
Plan Performance
Comparison of Averages
eValue8

▶ PLANS SUPPORT CONSUMERS

Levels of Engagement
Distinguishing Plans
Behavioral Health
Additional Resources
Contact Information
Methods
References

CIGNA CONSUMER ENGAGEMENT

CIGNA's mission is to help members improve their health, well-being and sense of security. CIGNA reaches members through the Web, phone, video, and podcasts.

- Members can get a better understanding of their health and overall risk factors by signing into www.mycigna.com and completing CIGNA's online health risk assessment.
- CIGNA's [Tel-Drug Home Delivery Pharmacy](#) program reminds members to refill a prescription or lets them know when a refill is overdue.
- CIGNA offers [health coaches](#) through its Health Advisor program. Health care professionals work with members over

the phone to promote early intervention. Members can reach their health and wellness goals through personal development, behavior change strategies, referrals to specialized programs, treatment decision support, and ongoing coaching.

- CIGNA's lifestyle management programs (such as smoking cessation, weight loss, and stress management strategies) can help members maintain healthy behaviors and control or avoid risky ones.
- The [Healthwise®](#) online library has information about health conditions, medical tests and procedures, prescription medications, and support groups.
- CIGNA's ["It's Time to Feel Better"](#) Web site offers articles, videos, and

podcasts on dozens of health topics, including health and wellness information, tips on making the most of a doctor's appointment, and how to manage health care spending.

The Commission takes no position on the claimed motivations, methods, or results of this quality initiative.

ENGAGE IN YOUR HEALTH CARE: KNOW YOUR HEALTH HISTORY

Your medical chart or other health information might not be available at your new doctor's office or hospital. A personal health record (PHR—also known as a "patient" health record) is an electronic tool that can store important information about your health—such as allergies, medications, family history, and surgeries—and keep the information up to date and in one place. Some PHRs are Internet based; others can be saved on your computer. Typically, your doctor or health plan provides you with a PHR and you are responsible for keeping it up to date. Using a PHR makes you a

more engaged patient, with ready access to your doctors' advice, prescriptions, and other health information. And, in an emergency, a doctor can use it to access your health information quickly.

For more information and examples of PHRs, click on the links below:

[PHRs A Single Source for Your Health Information](#)
[Keeping Track of Your Health Information](#)



Section 9: Maryland Health Plans Support Consumer Health Care Engagement

LINKS TO REPORT SECTIONS

About This Report
Plans in this Report
The Engaged Consumer
Plan Quality Summary
Performance Categories
Plan Performance
Comparison of Averages
eValue8

► PLANS SUPPORT CONSUMERS

Levels of Engagement
Distinguishing Plans
Behavioral Health
Additional Resources
Contact Information
Methods
References

UNITEDHEALTHCARE CONSUMER ENGAGEMENT

UnitedHealth offers its members a comprehensive portfolio of wellness programs, services, and products. By offering educational, interactive tools, UnitedHealth hopes to make it easier for consumers to make the best health care choices.

- Members can access a number of UnitedHealth's resources, organized by topic, through www.myoptumhealth.com. UnitedHealth provides audience-specific resources and a clearinghouse of information on specific diseases and conditions, tests, procedures, and treatments.

- UnitedHealth offers an online health coaching program that provides wellness and disease management lifestyle coaching. Members' risk factors, self-care, and stage of change are addressed in a program tailored to their specific health risks and needs.
- Members can complete a health assessment tool that will provide them with a personalized health profile. The profile can help identify health risks and provide tips on how to adopt lifestyle behaviors that result in improved health and well-being. Click [here](#) to complete the assessment tool.

You can view a demonstration of these programs by clicking [here](#).

The Commission takes no position on the claimed motivations, methods, or results of this quality initiative.

Note: M.D. IPA and OCI are owned and operated by Mid-Atlantic Medical Services, LLC (MAMSI), a regional holding company and subsidiary of UnitedHealth Group, Inc.

ENGAGE IN YOUR HEALTH CARE: LEARN ON THE GO!

Podcasts are unique consumer engagement tools because they let you listen—and learn—while you are at work, in the car, or even while you are jogging. A podcast is an audio recording that is stored locally on a mobile listening device, such as an MP3 player or iPod, or on a computer. Podcasts provide information on a wide range of health care topics. Here are a couple of podcast resources; click a link to start listening!

Subscribe or download information (in English or Spanish) from a federal agency that produces information to help people make informed decisions and improve

the quality of health care services. Search by topic, by audience, or by date. Click on [Healthcare 411 Radio](#) to get started.

Discovery Health offers podcasts that address a variety of health topics, including how to talk with your doctor about your health concerns. Podcasts also address topics on disease conditions, fitness, and wellness. Browse the podcast library by clicking on [Discovery Health](#).



Section 9: Maryland Health Plans Support Consumer Health Care Engagement

LINKS TO REPORT SECTIONS

About This Report
Plans in this Report
The Engaged Consumer
Plan Quality Summary
Performance Categories
Plan Performance
Comparison of Averages
eValue8

▶ PLANS SUPPORT CONSUMERS

Levels of Engagement
Distinguishing Plans
Behavioral Health
Additional Resources
Contact Information
Methods
References

CAREFIRST CONSUMER ENGAGEMENT

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. offer a number of online resources that help members make informed health care decisions. Follow this link to the [CareFirst](#) site for a wealth of tools and information designed for your health care needs.

- Using the [Select a Provider](#) tool, members can research a doctor or facility that fits their needs. The Physician Selection, Hospital Comparison, and Alternative Therapy tools are part of a detailed database that provides information about health care professionals and facilities.
- Members can access [My Care First](#) for multimedia health and wellness tools such as health demos, tutorials, calculators,

quizzes, podcasts, and videos. Members can also browse healthy recipes and articles on specific health issues, use trackers for follow-up care, and access their personal health record.

- [The Harvard Decision Guide](#) and [MyHealthProfile](#) tools offer interactive preliminary support for members. Members can use the Harvard Decision Guide to explore potential diagnoses based on specific symptoms. MyHealthProfile provides a personal health record to members that they can share with their doctor.

- The [Prescription Drug tool](#) provides up-to-date drug information, including a drug dictionary, information on generics, drug interactions, and help ordering doctor-recommended medications.
- [Member handbooks](#) are available electronically on the CareFirst Web site. Members can find answers to a variety of questions, clarify benefits, find a doctor, and get help navigating the site.

The Commission takes no position on the claimed motivations, methods, or results of this quality initiative.

ENGAGE IN YOUR HEALTH CARE: MAKE YOUR MONEY COUNT

Many employers offer flexible spending accounts (FSA) in addition to typical health insurance. FSAs let you take pre-taxed money and use it specifically for health care expenses like copayments, prescriptions, and even on some over-the-counter drugs. You decide how much money you want to set aside for the year. For more information, and to find out if an FSA is right for you, consult your employer's human resources department.





Section 9: Maryland Health Plans Support Consumer Health Care Engagement

LINKS TO REPORT SECTIONS

About This Report
Plans in this Report
The Engaged Consumer
Plan Quality Summary
Performance Categories
Plan Performance
Comparison of Averages
eValue8

▶ PLANS SUPPORT CONSUMERS

Levels of Engagement
Distinguishing Plans
Behavioral Health
Additional Resources
Contact Information
Methods
References

COVENTRY CONSUMER ENGAGEMENT

Coventry Health Care of Delaware strives to promote member autonomy and enable members to take control of their health care decisions.

- All members have access to [My Online Services](#). My Online Services provides 24-hour online coaching; customized programs for strength and conditioning tips; and access to nutrition information, positive life skills articles, and recipes.
- Coventry offers a [Health Risk Assessment](#) (HRA) tool through My Online Services. The HRA asks questions about health, behaviors, and family history, and members receive personalized advice and counseling based on their individual

health risks. Members can also use HRA results to find information and advice through Coventry's online health information library.

- By accessing [Coventry WellBeing](#), members can find information on how to make meaningful lifestyle changes related to diet, fitness level, emotional well-being, and more. This program can also help identify risk factors for some health conditions and give information needed to make better health choices. Examples of Coventry's services include tobacco cessation and weight loss programs.
- In addition to its online services, Coventry mails newsletters and brochures directly to members several times a year, with

important preventive health reminders and health education pieces. Members can access newsletters by clicking [here](#).

The Commission takes no position on the claimed motivations, methods, or results of this quality initiative.

ENGAGE IN YOUR HEALTH CARE: MARYLAND TOOLS AND PROGRAMS

In addition to this health plan performance report, MHCC provides many health care resources for Marylanders, including tools to compare nursing homes, see how well hospitals perform, and learn about prescription drugs—and these are just a few of the resources! Click on [MHCC Consumer Info](#) to learn more.

The State of Maryland Family Health Administration provides health education and disease management programs to Maryland residents. Click on each program name to learn more.

[Maryland Diabetes Prevention and Control Program \(DPCP\)](#)
[Nutrition and Physical Activity/Obesity Prevention Program \(NPAO\)](#)
[Maryland Heart Disease and Stroke Prevention Program \(HDSP\)](#)
[Maryland Fruit and Vegetable Nutrition Education Program](#)
[Childhood Obesity in Maryland](#)



Section 10: Levels of Consumer Health Care Engagement

LINKS TO REPORT SECTIONS

[About This Report](#)
[Plans in this Report](#)
[The Engaged Consumer](#)
[Plan Quality Summary](#)
[Performance Categories](#)
[Plan Performance](#)
[Comparison of Averages](#)
[eValue8](#)
[Plans Support Consumers](#)
► LEVELS OF ENGAGEMENT
[Distinguishing Plans](#)
[Behavioral Health](#)
[Additional Resources](#)
[Contact Information](#)
[Methods](#)
[References](#)

Are you involved in your health care?

Do you have the knowledge, skills, and confidence you need to make health care decisions? Read the following statements and determine which ones describe you. Researchers developed them to help consumers and providers determine a patient's level of engagement in his or her health care.

LEVEL 4 - THE MOST ACTIVE

The most active; has learned many skills or behaviors that support health, though may not be able to use skills when faced with certain stressful events.

- I compare health plan coverage options and quality ratings to match my needs and preferences when I select coverage
- I establish a relationship with my provider by discussing my health care concerns and collaborating in health care treatment decisions
- I bring a current list of all medications to all health care visits

LEVEL 3 - TAKES SOME RESPONSIBILITY

Takes on some responsibility but does not have the full skill set to perform all behaviors.

- I take my medications regularly, but I do not know their names or what they do
- I often forget to refill my prescription on time and I am not sure if the prescriptions are effective or not
- I know the importance of diet and exercise, but I do not know where to go for support to help me change my behaviors

LEVEL 2 - LACKS BASIC KNOWLEDGE

Lacks basic knowledge and confidence for managing health.

- I do not feel comfortable asking my health providers questions about my health concerns
- I do not know how to change my behaviors to optimize my health
- I do not understand how to follow through with the medical treatments my providers prescribe

LEVEL 1 - THE LEAST ACTIVE

The least active; passive; not confident enough to be active in personal health.

- I do not eat a healthy diet or exercise because I do not think it will have a positive effect on my health
- I have unmet medical needs because I do not seek medical attention from health care providers
- I allow providers to choose my treatments and prescriptions without understanding their purpose or potential side effects

If you are at Level 4, great job!

If you are at Level 3 and below, use the resources in this guide to become more active in your health care.

(Source: Hibbard, JH. and PJ. Cunningham and Gruman, J., et al.)

Section 11: Distinguishing Between HMO, POS, and PPO Plans

LINKS TO REPORT SECTIONS

About This Report

Plans in this Report

The Engaged Consumer

Plan Quality Summary

Performance Categories

Plan Performance

Comparison of Averages

eValue8

Plans Support Consumers

Levels of Engagement

► DISTINGUISHING PLANS

Behavioral Health

Additional Resources

Contact Information

Methods

References

HMOs, POS plans, and PPOs all have distinct features. Both HMO and POS plans use a “gatekeeper,” or primary care physician (PCP), who is responsible for coordinating a patient’s care. Traditionally, a key difference between HMO and POS plans is that POS plan members do not need a referral from a PCP to see a specialist, and may select a doctor who is not in the plan’s “network” of physicians—although members’ out-of-pocket costs are lower when they use an in-network physician.

TABLE 5: FEATURES OF HMO, POS, AND PPO PLANS

	HMO	POS	PPO
Access to primary care	Members must choose a PCP who manages their care. The PCP must be part of the plan’s physician network.	Members must choose an in-network provider, but may also choose an out-of-network provider for higher out-of-pocket costs.	Members may choose an in-network provider or an out-of-network provider.
Referrals for specialty care providers	Members need a referral from their PCP to see a specialist and other providers.	Members may choose between PCP referral providers or out-of-network providers.	No referrals are needed to seek care from specialists or other health care providers.
Out-of- pocket costs	Annual premiums tend to be lower than POS and PPO plans. Cost sharing: Fixed copayment.	Annual premiums tend to fall between HMO and PPO plans. Cost sharing: Fixed copayments for in-network services and deductibles and co-insurance for out-of-network services.	Annual premiums tend to be higher than HMO and POS plans. Cost sharing: Fixed copayments for in-network services and deductibles and co-insurance for out-of- network services.

(Source: America’s Health Insurance Plans Consumer Guide: Questions and Answers About Health Insurance www.ahip.org)

Section 12: Managed Behavioral Healthcare Organizations

LINKS TO REPORT SECTIONS

[About This Report](#)
[Plans in this Report](#)
[The Engaged Consumer](#)
[Plan Quality Summary](#)
[Performance Categories](#)
[Plan Performance](#)
[Comparison of Averages](#)
[eValue8](#)
[Plans Support Consumers](#)
[Levels of Engagement](#)
[Distinguishing Plans](#)
[▶ BEHAVIORAL HEALTH](#)
[Additional Resources](#)
[Contact Information](#)
[Methods](#)
[References](#)

MBHOs specialize in managing behavioral health for members by providing a network of psychiatrists and other case management specialists. They contract with health plans or employers to provide services to plan

members, although the plans maintain legal responsibility for the quality of care provided.

Table 6 shows the number of behavioral health providers per 1,000 members in each plan. Data for people who receive behavioral

health services through a separate contract between their employer and an MBHO or through a private arrangement are not included in these results.

TABLE 6: TOTAL NUMBER OF BEHAVIORAL HEALTH PROVIDERS

HEALTH PLAN	MBHO	MBHO ACCREDITATION* ACCREDITING BODY: STATUS (EXPIRATION DATE)	Number of Behavioral Health Providers in MBHO and Plan Network (per 1,000 Members)**			
			Psychiatrists (MDs)	Psychiatrists (PhDs)	Other Providers	Total Providers
Aetna	Aetna Behavioral Health	NCQA: Full (expires 1/11)	2.4	2.6	8.5	13.4
BlueChoice	Magellan Tristate Care Management Center	NCQA: Full (expires 12/11) URAC: Full (expires 1/10 & 9/10)	0.6	0.7	2.9	4.2
CIGNA	CIGNA Behavioral Health	NCQA: Full (expires 12/11) URAC: Full (expires 11/09)	4.5	3.8	11.5	19.8
Coventry	United Behavioral Health***	NCQA: Full (expires 12/10) URAC: Full (expires 2/10)	4.2	4.0	13.6	21.8
	MHNet	NCQA: Full (expires 10/09) URAC: Full (expires 1/12)	1.9	1.6	7.4	11.0
Kaiser Permanente****	Plan Network Providers		0.3	0.6	2.1	3.0
	APS	URAC: Accredited (expires 11/10)	0.4	0.5	1.3	2.2
M.D. IPA	United Behavioral Health-Philadelphia	NCQA: Full (expires 6/10) URAC: Full (expires 2/11)	5.3	6.0	18.8	30.1
OCI	United Behavioral Health-Philadelphia	NCQA: Full (expires 6/10) URAC: Full (expires 2/11)	4.8	5.5	16.6	26.9

*MBHO accreditation is voluntary. Status is current as of June 2009.

**Number of providers is based on the service area of the health plan. The MBHO network may have a larger number of practitioners than reported in this table.

***As of August 2008, United Behavioral Health no longer provides behavioral health services to Coventry members

****Members have access to the same network of providers; however, depending on the location of their personal physician, services will be administered by either Kaiser Permanente directly or by APS.



Section 13: Becoming More Informed: Additional Resources

LINKS TO REPORT SECTIONS

[About This Report](#)
[Plans in this Report](#)
[The Engaged Consumer](#)
[Plan Quality Summary](#)
[Performance Categories](#)
[Plan Performance](#)
[Comparison of Averages](#)
[eValue8](#)
[Plans Support Consumers](#)
[Levels of Engagement](#)
[Distinguishing Plans](#)
[Behavioral Health](#)
► ADDITIONAL RESOURCES
[Contact Information](#)
[Methods](#)
[References](#)

These government-sponsored Web sites can help you learn more about your health care. Talk to your doctor if you have questions about an article you read or podcast you heard. Knowing about available resources will make you a more informed consumer who can act on information that keeps you healthy and in control of your health care decisions.

NAVIGATING THE HEALTH CARE SYSTEM

- To learn about the different types of health insurance plans and the definitions of various health care terms, go to: <http://www.ahrq.gov/consumer/insuranceqa/>
- For articles and podcasts about selecting the right facility, services, and health plan, plus details about how to navigate different areas of the health care system, go to: <http://www.ahrq.gov/consumer/qualcare.html>
- To learn tips about avoiding medical errors and get a greater understanding about how to get high-quality care, go to: <http://www.ahrq.gov/consumer/safety.html>

LEARNING ABOUT PREVENTION, HEALTH CONDITIONS, AND TREATMENTS

- For articles, podcasts and videos about living a healthy lifestyle and preventing disease, plus checklists to keep track of your screenings, go to: <http://www.ahrq.gov/consumer/healthy.html>
- To search over 1,000 health topics, obtain personal health tools, and receive the latest in health care news, visit: [www.Healthfinder.gov](http://www.healthfinder.gov)
- For information about treatment options for various health conditions, steps to take when getting a diagnosis and planning for surgery, go to: <http://www.ahrq.gov/consumer/diseases.html>
- To access a comprehensive online health resource, go to: www.Medlineplus.gov. This site includes searchable databases on conditions, tests and treatments, drugs, and interactive patient tutorials.

MARYLAND PERFORMANCE REPORTS

For additional information on health plan quality and performance, visit the [MHCC Web site](#).

- *Comprehensive Performance Report: Commercial HMO, POS, and PPO Plans*

in Maryland. Contains more plan-specific rates on HEDIS (clinical) and CAHPS (survey) measures.

- *Measuring the Quality of Maryland Commercial Managed Care Plans: State Employee Guide*. Contains information similar to this report, but covers only HMO, POS and PPO plans available to employees of the State of Maryland.

Publications on the performance of health care facilities are also available on the [MHCC Web site](#), including these three Web-based, interactive guides.

- *Maryland Hospital Performance Evaluation Guide*. Compares the quality of care provided by Maryland hospitals.
- *Maryland Nursing Home Performance Evaluation Guide*. Compares comprehensive nursing care facilities and continuing care retirement communities in Maryland on age or functional ability of residents and on measures of quality.
- *Maryland Ambulatory Surgery Facility Consumer Guide*. Provides descriptive information about ambulatory surgery facilities and their services.

Section 14: Plan Customer Service Hours and Contact Information

LINKS TO REPORT SECTIONS

[About This Report](#)
[Plans in this Report](#)
[The Engaged Consumer](#)
[Plan Quality Summary](#)
[Performance Categories](#)
[Plan Performance](#)
[Comparison of Averages](#)
[eValue8](#)
[Plans Support Consumers](#)
[Levels of Engagement](#)
[Distinguishing Plans](#)
[Behavioral Health](#)
[Additional Resources](#)
► CONTACT INFORMATION
[Methods](#)
[References](#)

HEALTH PLAN	CUSTOMER SERVICE HOURS	CONTACT INFORMATION
Aetna Health, Inc.—Maryland, DC, Virginia	Monday–Friday: 8:00 AM–5:00 PM	800-872-3862 www.aetna.com
CareFirst BlueChoice, Inc.	Monday–Friday: 7:00 AM–7:00 PM Saturday: 8:00 AM–1:00 PM	866-520-6099 www.carefirst.com
CIGNA HealthCare Mid-Atlantic, Inc.	24 hours a day, 7 days a week	800-CIGNA24 (800-244-6224) www.cigna.com
Coventry Health Care of Delaware, Inc.	Monday–Friday: 8:00 AM–5:00 PM	800-833-7423 www.coventryhealthcare.com
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	Monday–Friday: 7:30 AM–5:00 PM	301-468-6000 (metro area) 800-777-7902 (Outside metro area: toll free) For the hearing and speech impaired 301-879-6380 Medical advice/appointments numbers for members 800-777-7904 or 703-359-7878 Available 24 hours a day, 7 days a week www.kaiserpermanente.org
MD-Individual Practice Association, Inc. and Optimum Choice, Inc.	24 hours a day, 7 days a week	800-331-2102 or 301-360-8040 For the hearing and speech impaired 800-553-7109 or 301-360-8111 www.mamsiUnitedHealthcare.com

Section 15: Methods

LINKS TO REPORT SECTIONS

About This Report
Plans in this Report
The Engaged Consumer
Plan Quality Summary
Performance Categories
Plan Performance
Comparison of Averages
eValue8
Plans Support Consumers
Levels of Engagement
Distinguishing Plans
Behavioral Health
Additional Resources
Contact Information

► METHODS

References

CALCULATION OF STAR RATINGS

Rates for each Maryland HMO/POS plan are compared against the Maryland average. If the difference between a plan's rate and the Maryland HMO/POS average is statistically significant, the plan is assigned to the "above average" or "below average" category, accordingly. A 95 percent degree of confidence is used to determine whether the difference between the rates is statistically significant.

This report uses the following symbols to denote relative comparisons.

- ★★★ The plan performed significantly better than the Maryland HMO/POS average
- ★★ The plan's performance is equivalent to the Maryland HMO/POS average
- ★ The plan performed significantly worse than the Maryland HMO/POS average

In some situations, two plans with the same rate are classified into two different performance rating categories. This is either because the statistical analysis used entire numbers without rounding (rates were rounded for display in this report) or because of a difference in the data collection methodology used by the plans. Plans that collect data on the entire eligible population for the measure using claims and encounter systems (known as the Administrative Method) have a larger denominator allowing for a more precise estimation of the true rate than plans that collect data on a sample of the population using administrative systems and member records (known as the Hybrid Method). *This means that statistical examination of two plans with the same rate can result in two different performance strata.*

(State averages for PPOs were not calculated because PPO participation and reporting is voluntary and too few PPOs reported in 2009.)





Section 16: References

LINKS TO REPORT SECTIONS

About This Report
Plans in this Report
The Engaged Consumer
Plan Quality Summary
Performance Categories
Plan Performance
Comparison of Averages
eValue8
Plans Support Consumers
Levels of Engagement
Distinguishing Plans
Behavioral Health
Additional Resources
Contact Information
Methods

► REFERENCES

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America's Health Insurance Plans. *Questions and Answers About Health Insurance: A Consumer Guide*. **Available at:** <http://www.ahip.org/content/default.aspx?bc=41%7C329%7C20888>.